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Digital evolution

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'Dental caries is not easily prevented or treated in the most susceptible children'

An interview with Prof. Jill Fernandez and Drs. Neal Herman and Lily Kim of New York University

By Daniel Zimmermann,
Dental Tribune International

In July, pediatric dentistry specialists will gather in Pasay City, the Philippines, for the seventh biennial congress of the Pediatric Dentistry Association of Asia.

Group Editor Daniel Zimmermann spoke with presenters Prof. Jill Fernandez and Drs. Neal Herman and Lily Kim from the New York University College of Dentistry about their participation and recent developments in the field.

The U.S. congress recently approved a new proposal for health care reform. In your opinion, what impact will this policy change have on children's dental care?

Prof. Jill Fernandez: It is still too early to know what the final health reform bill will entail exactly, but as of now it does include mandatory pediatric dental care that requires dental coverage be offered as part of any essential benefits package for children younger than age 21.

The new law will enable stand-

alone dental plans to offer dental benefits as part of any health insurance exchange and/or subcontract with medical plans.

The impact of this on the public and the profession could be monumental — the message is to begin oral health preventive interventions early in the lives of children, and that oral health is an integral part of overall health.

The oral health of children in the

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Dr. Lily Kim (middle) with colleagues bringing smiles to a child after treatment. (Photos/Provided by New York University)

Secrets of success for the new dentist

So you've graduated from dental school and are ready to dive into private practice? Or perhaps you've been out of school for a year? Well, even if you've practiced for 10 years already, we're willing to bet you'll find some pearls of wisdom in this article by Sally McKenzie.

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NCOHF featured in Wall Street Journal

By Fred Michmershuizen, Online Editor

National Children's Oral Health Foundation: America's Toothfairy (NCOHF) was recently featured in a special section dedicated to oral health in The Wall Street Journal. As America's Toothfairy, NCOHF is positioned to help shed light on the silent

epidemic of pediatric dental disease and to help break its cycle.

NCOHF is a nonprofit organization dedicated to raising awareness of and fighting pediatric dental disease — the No. 1 chronic childhood illness — by facilitating delivery of comprehensive

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AAE uses Root Canal Awareness Week to dispel myths

By Fred Michmershuizen,
Online Editor

Everyone's heard the jokes, the innuendos and the comparisons to unpleasant things. Nothing can be so bad, according to popular perception, as having to undergo a root canal procedure.

(Except perhaps an IRS audit.) That's why every spring, the American Association of Endodontists (AAE) holds Root Canal Awareness Week.

The idea behind the event, according to the AAE, is to help dispel long-standing myths about root canal treatment and increase the public's understanding of the procedure as one that is virtually painless. The week also seeks to raise awareness of endodontics as a specialty and highlight the importance of endodontists.

This year in particular, the AAE used its Root Canal Awareness Week, held in the spring, to help encourage general practitioners to refer more cases to endodontists and to help patients make more informed decisions about whether to see a specialist.

With their use of advanced technologies and expertise in administering anesthesia, the AAE pointed out that endodontists perform virtually painless root canal treatments that can last a lifetime. The AAE also says that patients who require endodontic therapy should ask general dentists about the benefits of consulting an endodontist, even if the GP does not recommend a specialist.

After all, the AAE pointed out, when it comes to many serious health needs, family physicians turn to specialists such as cardiologists for heart disease and podiatrists for foot troubles. However, when it comes to dentistry, general practitioners refer less than half of patients who need root canals to colleagues who specialize in the procedure, according to a recent survey by the AAE.

According to the survey, dentists refer an average of 46 percent of root canal patients to endodontists, yet almost all general dentists surveyed, 94 percent, say they have a positive or very positive perception of endodontists as well as the care they provide.

With more than 15 million root canals performed annually, the AAE used Root Canal Awareness Week — which ran March 28 to April 3 this year — to remind dental patients of the advanced training endodontists receive for this complex dental treatment.

Reacting to remark by Obama

Speaking of the public's perception of root canal treatment, the AAE did not let a negative reference to the procedure by President Barack Obama in his first State of the Union address earlier this year go unchecked.

Obama uttered the phrase "as popular as a root canal" when outlining the many difficult challenges facing the nation. The AAE pointed out that Obama unintentionally reinforced a myth and outdated misconception about the "unpopular" nature of root canal procedures.

"While we certainly understand the president's intent, people need to know that root canals don't cause pain, they relieve it," remarked Dr. Gerald N. Glickman of the AAE, after Obama's address. "Root canals may sound daunting, but endodontists can do this procedure quickly, efficiently and with virtually no pain involved. The result is a restored natural tooth that can last a lifetime."

The AAE also explained that most root canal treatments can be completed in one visit and are entirely comfortable. A national consumer survey published in 2009 shows that an overwhelming majority of root canal patients use positive words to describe the experience.

According to a previous AAE poll, those who had a root canal performed by an endodontist were six times more likely to describe it as "painless" than those who had never had the procedure. **DT**



When President Barack Obama used the phrase "as popular as a root canal" when outlining the many difficult challenges facing the nation in his first State of the Union address earlier this year, the AAE cried foul. (Photo/Whitehouse.gov)

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sive pediatric oral health services and eliminating this preventable disease from future generations.

NCOHF draws on vast national resources to secure and distribute product and financial donations along with innovative preventive programs to a growing network of not-for-profit university- and community-based dental clinics, health centers and mobile programs throughout the United States.

Christian J. Drake, chief operating officer of NCOHF, told Dental Tribune that the exposure in The Wall Street Journal, which appeared in the paper's Eastern edition on June 19, helped shed light among members of the public at large about the silent epidemic.

"It is also tremendously valuable to our work to help break the cycle of its devastating effects through supporting our national network of affiliates, which provide vital prevention, education and treatment services," Drake said.

Since 2006, NCOHF has distributed more than \$6.5 million in direct funding, donated dental products and technical resources to the affiliate network to expand and enhance critical oral health services for their local communities. In only four years, NCOHF affiliates have provided critical preventive, restorative and educational oral health services to more than 1 million children.

The 10-year plan for the NCOHF affiliate network includes treating more than 5 million children through more than 500 centers throughout the United States and to begin providing global support to developing nations.

In addition, NCOHF aims to educate and screen more than 20 million children through schools, community events and ongoing, community-based prevention activities.

Corporate donations

The NCOHF recently announced it has received dental product donations from two of the largest dental products manufacturers in the United States.

Sybron Dental Specialties has donated dental products valued at more than \$39,000 to NCOHF to provide vital dental treatment for children from vulnerable populations. The Children's Dental Center of Greater Los Angeles (TCDC), a member of the NCOHF affiliate network, received the donation of dental products to expand and enhance oral health services for underserved pediatric patients in the Los Angeles area.

Like all community-based health-care centers in the NCOHF affiliate network, the goal at TCDC is to improve the oral health of local families through comprehensive oral health programs and services that promote positive health behaviors and treat the immediate oral health care needs of underserved children.

Dan Even, president of Sybron and past chairman of NCOHF, said: "As an NCOHF founding underwriter, Sybron is proud to support NCOHF

life-changing oral health programs for underserved children. NCOHF affiliates across the country continue to show impressive results in their efforts to provide quality, comprehensive care to the children who need it most."

"We are extremely grateful to Sybron Dental Specialties for their generous product donation to our affiliate partner, The Children's Dental Center," said Fern Ingber, NCOHF president and CEO. "Sybron provided the leadership gift to establish NCOHF and continues to be a dedicated partner in our mission to eliminate children's suffering from preventable pediatric dental disease."

In addition, DENTSPLY International donated dental products valued at more than \$163,000 to NCOHF in 2009 to provide vital dental treatment

for underserved children across the country.

Twenty-two NCOHF affiliate nonprofit oral health care centers received donated dental products throughout the year from DENTSPLY International.

Christopher Clark, president and chief operating officer of DENTSPLY, said: "DENTSPLY is proud to serve as a longstanding partner for the NCOHF affiliate network, providing both financial and product support.

"NCOHF programs for underserved children meet the goals of DENTSPLY's corporate philanthropy by improving dental prevention, education and access to care in our most vulnerable children. Only by working together can we eliminate the oral health crisis plaguing our nation."

"We are very grateful that DENTS-

PLY has been a dedicated NCOHF underwriting partner since our founding in 2006," Ingber said. "The continued generosity of DENTSPLY, through product donations as well as financial and technical support, has played a significant role in our affiliates' ability to reach more than 1 million children with prevention, education and treatment services that give them hope for a pain-free and bright future."

Thanks to generous corporate underwriters such as Sybron, DENTSPLY and many others, 100 percent of all contributions to America's Toothfairy go directly to fund life-changing oral health care for the children in the United States who need it most.

More information about NCOHF is available online at www.ncohf.org. DT

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Three essential lessons for every new dentist

By Sally McKenzie, CEO

After years of schooling, thousands of dollars in tuition, hours upon hours of clinics and exams, and tests and on and on, finally you entered the working world as a dentist. Just you and the patients.

Wouldn't it be great if it could really be that simple?

It's likely that it didn't take you long to realize that once your tour in dental school was over, the learning process had only just begun.

Moreover, there are at least three key lessons that were probably barely touched upon in the dental school curriculum.

Lesson No. 1: How to deal with people

I'm not talking about the patients. You've been trained to manage them. I'm talking about the people you see every day, the ones you work with elbow to elbow, those you depend on to represent you, to make sure you have enough money to pay your bills, to keep your schedule on track, etc.

Obviously, I'm talking about your team. Your success as a dentist is directly dependent upon your employees' success. Unfortunately, one bad hiring decision can cost you a small fortune — estimates range between 1.5 to 5 times annual compensation — it can also damage patient relations, staff morale and overall effectiveness of the practice.

Given what's at stake, pay close attention to Lesson No. 1: Do your best to hire the best and never hire under pressure. Follow these steps and take a clear and measured approach to ensure that every employee you hire is the best fit for your growing practice.

Assess the systems before you bring in a new employee. If you're hiring an office manager, look at business operations first. Are the business systems, scheduling, collections, recall, etc., working efficiently? If not, this is your chance to fix them, to integrate new protocols and establish up front how you want these handled in your practice.

Take 15 minutes. Set aside 15 minutes to think about what you want the person in this position to do. Make a list. Consider what you are looking for in this individual.

Write a job description. Once you've given some thought to the position, update or write a job description for the job tailored to attract the employee you need. Include the job title, job summary and specific duties. This clarifies what skills the applicant must pos-

sess and explains what duties she/he would perform.

Cast a wide net. Develop an ad and place it on multiple websites and in different publications. Promote those aspects of the job that will have the greatest appeal, including money. Sell the position.

Keep the copy simple but answer the reader's questions — job title, job scope, duties, responsibilities, benefits, application procedures, financial incentives and location. Direct prospects to your website to learn more about your practice and the position.

Read the resumes; don't just scan them. Highlight those qualities that match the position's requirements. Look for longevity in employment. Be careful of those applicants that only note years, such as 2008–2009. Chances are this person was hired in December of '08 and fired in January of 2009.

Watch for sloppy cover letters. The applicant may have poor attention to detail. Flag resumes with "yes," "no," or "maybe." The "yes" candidates are the first to be considered.

Pre-screen applicants on the phone. Address your most pressing concerns up front. If there are gaps in employment history, now is the time to find out why. Ask the applicant what salary range she/he is expecting. Listen for tone, attitude and grammar on the phone, particularly if the position requires handling patient calls. Based on the applicant's phone demeanor, would this person represent your practice well?

Prepare for the interviews. Conduct interviews using a written set of standard questions for each applicant so you are able to compare responses to the same questions.

Avoid asking any personal questions. Ask follow-up questions

based on the applicant's responses. Jot down personal details to keep track of who's who. The candidate is likely to be on her/his best behavior in the interview. If the applicant doesn't impress you now, it will not get better after she/he is hired.

Test for the best. Take advantage of Internet testing tools that are available to dentists. Such testing has been used in the business sector for years to help companies identify the better candidates for specific positions.

Check 'em out. Once the interview and testing process has enabled you to narrow the selection down to a couple of candidates, check their references and work histories. This step can yield tremendously helpful information and will save you from multiple hiring horrors.

Budget for training. Give your new employee the tools and the knowledge to achieve her/his best, and you'll both benefit significantly.

Above all else, when it comes to staff hiring, make your decisions based on real data, not a candidate's sunny disposition or your "gut feelings."

Lesson No. 2: Lead your team to excellence

If you're frustrated by what you perceive as average or below average team performance, determine if you've given them the foundation to achieve the standards you expect.

First, avoid the most common pitfall in leading employees: Assuming that your staff knows what you want. Don't assume.

Spell out your expectations and the employees' responsibilities in black and white, and do so for every member of your team



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from the beginning. Do not convince yourself that because they've worked in this dental practice for X number of years, they know how you want things done.

They don't, and they will simply keep performing their responsibilities according to what they think you want unless they are directed otherwise.

Recognize the strengths and weaknesses among your team members. All employees bring both to their positions. The fact is that some people are much better suited for certain responsibilities and not others. Just because "Rebecca" has been handling insurance and collections for the practice doesn't mean she's effective in those areas. Look at results.

Rebecca may be much more successful at scheduling and recall and would be a much more valuable employee if she were assigned those duties. Don't be afraid to restructure responsibilities to make the most of team strengths. In addition, be open to maximizing those strengths through professional training.

Give ongoing direction, guidance and feedback to your team so that they know where they stand.

'Give ongoing direction, guidance and feedback to your team so they know where they stand.'

Don't be stingy. Give praise often and appraise performance regularly. Verbal feedback can be given at any time, but it is most effective at the very moment the employee is engaging in the behavior that you either want to praise or correct.

Nip problems in the bud and you'll avoid numerous thorns in your side. If an employee is not fulfilling her/his responsibilities, address the issue privately and directly with her/him. Be prepared to discuss the key points of the problem as you see it as well as possible resolutions.

Use performance reviews to motivate and encourage your team to thrive in their positions. Base your performance measurements on individual jobs. Focus on specific job-related goals and how those relate to improving the total practice.

Used effectively, employee performance measurements and reviews offer critical information that is essential in your efforts to

make major decisions regarding patients, financial concerns, management systems, productivity and staff in your new practice.

Lesson No. 3: Keep your hands in the business

Certainly, it doesn't take long to recognize that there are many hats for the dentist to wear. The hat that says "The CEO" is just as important as the hat that says "The Dentist." It is critical that you completely understand the business side of your practice.

There are 22 practice systems and you should be well-versed in each of them. If not, seek out training for new dentists. The effectiveness of the practice systems will directly, and profoundly, affect your own success today and throughout your entire career.

For starters, routinely monitor practice overhead. It should breakdown according to the following benchmarks to ensure that it is within the industry standard of 55 percent of collections:

- Dental supplies: 5 percent
- Office supplies: 2 percent
- Rent: 5 percent
- Laboratory: 10 percent
- Payroll: 20 percent
- Payroll taxes and benefits: 3 percent
- Miscellaneous: 10 percent

Keep a particularly close eye on staff salaries. Payroll should be between 20 and 22 percent of gross income. Tack on an additional 3 to 5 percent for payroll taxes and benefits. If your payroll costs are higher than that, they are hammering your profits. Here's what may be happening:

- You have too many employees.
- You are giving raises based on longevity rather than productivity/performance.
- The hygiene department is not meeting the industry standard for production, which is 33 percent of total practice production.
- The recall system, if there is one, is not structured to ensure that the hygiene schedule is full and appointments are kept.

Maximizing productivity. Hand-in-hand with practice overhead is production, and one area that directly affects your production is your schedule. Oftentimes, new dentists simply want to be busy, but it's more important to be productive. Follow these steps to maximize productivity.

First, establish a goal. Let's say yours is to break \$700,000 in clinical production. This calculates to \$14,583 per week, not including four weeks for vacation. Working 40 hours per week means you'll need to produce about \$364 per hour. If you want to work fewer

hours, obviously per-hour production will need to be higher.

A crown charged out at \$900, which takes two appointments for a total of two hours, exceeds the per hour production goal by \$86. This excess can be applied to any shortfall caused by smaller ticket procedures. Use the steps below to determine the rate of hourly production in your practice.

The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the dentist three appointments, she should record the time needed for all three appointments.

Record the total fee for the procedure.

Determine the procedure value per hourly goal. To do this, take the cost of the procedure (for example, \$900) divide it by the total time to perform the procedure ($900 \div 120$ minutes). That will give you your production per minute value ($= \$7.50$). Multiply that by 60 minutes ($\$7.50 \times 60 = \450).

Compare that amount to the dentist's hourly production goal. It must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant's functions. You also should be able to see more clearly how set up and tasks can be made more efficient.

A career in dentistry is one of the most personally and professionally fulfilling fields you can choose. With the right team, clear leadership and effective business systems, you can enjoy tremendous personal success and lifelong financial security for you and your family. DT

About the author



Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist's Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenziemgmt.com; and The New Dentist™ magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sallymck@mckenziemgmt.com.

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Simple estate and tax planning for dentists

Failing to plan can have a devastating effect on your dental practice and your loved ones

By Stuart Oberman, Esq.

Statistically, 70 percent of all dentists will die without a will, and that number could be higher for dentists who fail to implement tax-saving strategies during their lifetime.

A failure to plan could directly affect the amount of estate taxes your estate may be required to pay to the IRS, and the amount of taxes you may be required to personally pay on a yearly basis. In some cases, estate taxes may be substantial.

Outlined below is essential estate planning and tax information you need to know today, so you can plan for tomorrow.

Make a will

You should state precisely who will receive your property at the time of your death (i.e., spouse, children, etc.). If you have minor children, you should appoint a guardian for your children. By preparing a will, you not only plan for the distribution of your property, but you also plan for your children's future.

Consider a trust

There are two kinds of trusts, an irrevocable trust and a living trust. An irrevocable trust may be used for a variety of reasons, such as to avoid potential estate taxes, as well as asset protection.

If you have a life insurance policy, one of the easiest ways to avoid estate taxes on your life insurance proceeds is to establish an irrevocable life insurance trust (ILET).

A properly prepared life insurance trust may protect your life insurance proceeds from estate taxes. A living trust is used to control your property while you are living and to avoid probate.

Make health-care directives

By creating a health-care directive, you will be able to set forth in writing your health care wishes and intentions.

Unless you outline in writing your health care wishes and intentions (life support, coma, vegetative state), someone other than a loved one may be forced to make life and death decisions for you.

Make financial power of attorney

A general power of attorney will allow you to appoint a trusted person to handle your finances if you are unable to do so yourself.

If you become incapacitated or disabled, who has the authority to handle the day-to-day operations of your dental practice?

Protect your children's property

If you have minor children, you should appoint a trustee in your will (or trust) to handle the disposition of your children's property in the event of your death.

If you fail to plan, your children may receive a substantial amount of property (land, dental practice, etc.) when they turn 18 years old. How long would \$500,000 last in the hands of an 18 or 20 year old? Your will (or trust) should state what

age(s) you wish your children to receive their property (21? 25? 30?)

File beneficiary forms

If you have a bank account or investment account, you may be able to designate a beneficiary for those accounts.

Many bank and investment accounts are "pay on death accounts," which will allow the funds in such accounts to be paid directly to your designated beneficiary. In most cases, "pay on death accounts" are excluded from the probate process.

Consider life insurance

If you have substantial assets (home, investments, dental practice), you must have life insurance. However, in order to avoid estate taxes (which may be as high as 51 percent of your estate), you should consider establishing an ILET (irrevocable life insurance trust).

Understand estate taxes

If you have accumulated any type of assets whatsoever (house, bank account, investments, life insurance and especially a dental practice), you must take the necessary steps in order to reduce your estate taxes. You have worked hard all of your life, and if you fail to plan, your family may lose everything.

Protect your business

If you are the sole owner of a dental practice or have a partner, you must have a business succession plan.

A succession plan should specifically outline what happens to your dental practice or your ownership interest in the dental practice at the time of your death. If you have a partner, you must have a shareholder's agreement.

Store your documents

In order to ensure a smooth estate planning transition, the following records should be easily accessible:

- Will
- Trusts
- Insurance policies
- Real estate deeds
- Certificates for stocks, bonds, annuities
- Information on bank accounts, mutual funds and safe-deposit boxes
- Information on retirement plans, 401(k) accounts or IRAs
- Information on debts: credit cards, mortgages and loans, utilities and unpaid taxes

As the owner of a dental practice, you constantly deal with the day-to-day pressure (accounts receivable, employee problems, marketing, patients, etc.). In the rough and tumble world of dental practice management, don't forget to manage your own estate.

Key estate planning numbers for the year 2010

Estate tax reform: As of December 31, 2009, Congress had not yet acted to reform the existing estate tax law.

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Phoenix—Dentist seeking practice purchase opportunity #12108
Phoenix—4 Ops - 3 Equipped, GR \$515K+, 3 Working Days #12113
N Scottsdale—Dentist seeking practice purchase opportunity #12109
Urban Tucson—6 Ops - 4 Equipped, 1 Hygiene, GR \$900K #12112
Tucson—1800 active patients, GR \$850K, Asking \$650K #12116
CONTACT: Mark Haslip @ 480-231-3838

CALIFORNIA

Citrus Heights—6 Ops, 1500 Sq. Ft., 2-3 days hygiene #14311
El Dorado Hills—4 ops, 6 hygiene days, GR \$791K #14324
Fresno—5 Ops, 1,500 sq ft, GR \$1M+ #14250
Madera—7 Ops, GR \$19M+ #14283
Murrieta—4 Ops, GR \$648K, 1500 Sq. Ft., 4½ days hygiene #14313
Northern CA—Pedo Practice, 1160 Sq. Ft., GR \$713K - #14322
N California Wine Country—4 Ops, 1500 sq ft, GR \$958K #14296
Porterville—6 Ops, 2000 sq ft, GR \$2.2M+ #14291
Red Bluff—8 ops, 2008 GR \$1M+, Hygiene 10 days a wk. #14252
San Diego/City Heights—3 Chair office, Pan X-ray, Intra Oral Camera #14321
San Francisco—Patient base for sale - owner deceased #14312
Torrance—GR \$434K, 1080 Sq Ft, 2 Equipped Ops-3 Avail Chair Office #14320
CONTACT: Dr. Dennis Hoover @ 800-519-3458

Dixon—4 Ops, 1100 sq ft, GR \$122K #14265
Grass Valley—3 Ops, 1500 sq ft, GR \$714K #14272
Plumas County—3 Ops, space for 4th Op, 1245 Sq Ft, GR \$475K - #14318
Redding—5 Ops, 2200 sq ft, GR \$1M #14293
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Laguna Beach—GR \$898K 2008, 4 Ops, 2000 sq ft. #14314
Laguna Hills—GR \$868K 2008, 6 Ops, Remodeled Office 2004 #14317
Los Angeles—6 Ops, Laser, Intra Oral Camera, Pan & Ceph, GR \$709K, #14319
San Diego—GR \$185K 2009, 3 Ops, PPO and Fee for Service #14315
CONTACT: Thinh Tran @ 949-533-8308

CONNECTICUT

Fairfield Area—General practice doing \$800K #16106
CONTACT: Dr. Peter Goldberg @ 617-680-2930

Fairfield County—5 ops in 1150 s/f, GR \$408K #163601
CONTACT: Donna Costa @ 800-988-5674 x-151

DELAWARE

New Castle—4 ops, 1600 s/f, GR \$535K #172701
CONTACT: Donna Costa @ 800-988-5674 x-151

FLORIDA

Orange—6 ops plus in 1825 s/f, GR \$806K #183801
CONTACT: Donna Costa @ 800-988-5674 x-151

GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rms, GR \$863K #19125
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ILLINOIS

Chicago—4 Ops, GR \$709K, Sale Price \$461K #22126
Chicago—Multi specialty practice, 14 ops, tremendous growth #22121
1 Hr SW of Chicago—5 Ops, 2007 GR \$440K, 28 years old #22123
Chicago—3 Ops, GR \$600K, 3-day work week #22119
Galena—GR \$180K, located in Historic Bed & Breakfast Community #22129
Western Suburbs—5 Ops, 2-2000 sq ft, GR Approx \$1.5M #22120
CONTACT: Al Brown @ 630-781-2176

INDIANA

Southern—Dentist seeking practice purchase opportunity #29102
CONTACT: Joe Paul @ 856-297-0198

MAINE

Waterville—High End Practice, GR \$900K - Bldg also for sale #28112
CONTACT: Peter Goldberg @ 617-680-2930

MASSACHUSETTS

Boston—2 Ops, GR \$252K, Sale \$197K #30122
Western MA—3 Ops, GR \$1M, Sale \$514K #30116
CONTACT: Dr. Peter Goldberg @ 617-680-2930

Boston—2 Ops, 1 Hygiene, GR \$302K #30125
Middlesex County—7 Ops, GR Mid \$500K #30120
New Bedford Area—8 Ops, \$628K #30119
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR \$213K #31105
Ann Arbor Area—Low Overhead, Well Run Practice, GR \$600K - #31108
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops, Sale Price \$412K #32104
Fargo/Moorhead Area—1 Op, GR \$185K #32107
Central—Mobile Practice GR \$730K+ #32108
Twin Cities—Move in & practice immediately, GR \$800K #32110
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI

Eastern Central—10 Ops, 4685 sq ft, GR \$1.9M #33101
CONTACT: Deanna Wright @ 800-730-8883

NEVADA

Reno—Free Standing Bldg., 1500 Sq Ft, 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE

Lakes Region—Nice fee for service practice plus real estate, GR \$700K #38104
CONTACT: Peter Goldberg @ 617-680-2930

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Gloucester County—4 Ops, Extremely Busy Office, GR \$1M #39114
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Burlington—4+1 ops in 1900 s/f, GR \$800K #392132
Camden—Beautiful corner location-1300 s/f, GR \$327K #392133
Salem County—Well established, 3 ops, real estate avail, GR \$600K #392134
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Cattaraugus—4000 s/f, bldg avail, GR \$550K #412331
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Woodstock—2 Ops, Building also available for sale, GR \$600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034
Syracuse—4 Ops, 1800 sq ft, GR over \$700K #41107
CONTACT: Marty Hare @ 315-263-1313
New York City—Specialty practice, 3 Ops, GR \$502K #41109
CONTACT: Richard Zalkin @ 631-831-6924

Suburb of Syracuse—Great practice, growing community, GR \$462K #41117
CONTACT: Donna Bambrick @ 315-430-0643

NORTH CAROLINA

New Hanover County—A practice on the coast, growing area #42145
Lake Norman Area—Highly productive practice, desirable location #42162
Pittsboro—Small Community Practice, stand alone bldg downtown, 3 ops #42158
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CONTACT: Barbara Hardee Parker @ 919-848-1555

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CONTACT: Donna Costa @ 800-988-5674 Ext. 151

OHIO

Medina—Associate to buy 1/3, rest of practice in future #44150
North Central—GR \$619K, 4 Ops, well established #44159
North Central—GR \$700K, 5 Ops, well established #44157
CONTACT: Dr. Don Moorhead @ 440-823-8037

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Cumberland—Younger 4 op practice in stand alone bldg GR \$527K #472069
Delaware County—2700 s/f with 7 ops, GR \$964K #472083
Franklin County—4 ops in 2200 s/f, GR \$616K #472084
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Northwestern PA/College Town—5 ops, GR \$542K #472076
CONTACT: Donna Costa @ 800-988-5674 Ext. 151

Chester County—High End Office, 4 ops, Digital, FFS + a few PPOs #47141
Lancaster County—Very established practice, newly redecorated #47145
CONTACT: Sharon Mascetti @ 484-788-4071

SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice, producing \$500K a year #49103
CONTACT: Scott Carringer @ 704-814-4796
Columbia—7 Ops, 2200 sq ft, GR \$678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

Elizabethon—GR \$385K #51107
Memphis—Large profitable practice GR \$2M+ #51112
Suburban Memphis—Leading practice in area, GR \$946K #51113
CONTACT: George Lane @ 865-414-1527

TEXAS

Houston Area - GR \$1.1M w/adj net income over \$500K #52103
CONTACT: Deanna Wright @ 800-730-8883

VERMONT

Wilder, VT (near Hanover, NH)—GR \$600K, w/Condo #54104
CONTACT: Peter Goldberg @ 617-680-2930

VIRGINIA

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